United Nations E/ICEF/1999/P/L.9/Add.1

Economic and Social Council

Distr.: Limited
22 June 1999

Original: English

United Nations Children's Fund
Executive Board
Second regular session 1999
7–10 September 1999
Item 9 of the provisional agenda*

For action

Country programme recommendation**

Cape Verde

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendation for Board approval.

It contains a recommendation for funding the country programme of Cape Verde which has an annual planning level of $1,000,000 or less. The Executive Director *recommends* that the Executive Board approve the amount of $3,115,000 from general resources, subject to the availability of funds, and $2,250,000 in supplementary funds, subject to the availability of specific-purposes contributions, for the period 2000 to 2004.

* E/ICEF/1999/15

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary fund ing programmes" (E/ICEF/1999/P/L.16)

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Basic data

(1997 unless otherwise stated)

Child population (millions, under 18 years)	0.2
U5MR (per 1,000 live births)	73
IMR (per 1,000 live births)	54
Underweight (% moderate and severe) (1994)	14
Maternal mortality rate (per 100,000 live births) (1995)	51
Literacy (% male/female) (1995)	81/61
Primary school enrolment (% net, male/female) (1993)	100/100
Primary school children reaching grade 5 (%) (1989)	60
Access to safe water (%) (1991)	51
Routine EPI vaccines financed by Government (%) (1996)	100
GNP per capita (US$)	1 090
One-year-olds fully immunized against:	
tuberculosis	80 per cent
diphtheria/pertussis/tetanus	78 per cent
measles	82 per cent
poliomyelitis	77 per cent
Pregnant women immunized against tetanus	55 per cent

The situation of children and women

1. Cape Verde is an archipelago of 10 small islands with a Sahelian climate prone to drought. Its population of 406,000 is growing at an annual rate of 2.5 per cent. The urban population (6.4 per cent) doubled between 1990 and 1995. The per capita gross national product (GNP) is $1,090. Nevertheless, the country is classified as a least developed country, and its economy remains highly dependent on official development assistance (ODA) (29 per cent of GNP) and on remittances from emigrants.

2. Since independence in 1975, successive Governments have been characterized by good governance, effective management of ODA and relatively high levels of social investment. This has led to good levels of social indicators, relative to the subregion. The Government has ratified the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. This accelerated the attainment of many of the World Summit for Children goals. A number of challenges remain, however, including: (a) the persistence of socio-economic disparities (30 per cent of the population is poor); (b) the need for greater efficiency in the health and education sectors; (c) the emergence of such child protection issues as children living and working in the street, sexual exploitation, drug consumption, violence and HIV/AIDS; and (d) the need for further efforts to ensure that all World Summit goals are attained, including immunization coverage and access to potable water.

3. Infant and under-five mortality rates are estimated at 54 and 73 per 1,000 live births, respectively. The maternal mortality rate is estimated by the Government to be 55 per 100,000 live births (eight deaths in 1995). Some 14 per cent of children under the age of five years are under weight (5,500 children in 1994). Net primary school enrolment was estimated at 100 per cent in 1997. Despite these relatively encouraging indicators, the quality of basic social service delivery and of child care needs improvement.

4. The most important immediate causes of under-five childhood morbidity and mortality are diarrhoeal diseases and acute respiratory infections (ARI). Iodine deficiency is widespread, affecting one quarter of all school-age children. The prevalence of anaemia is very high nationwide, reaching 70 per cent among children under the age of six years (1996). Vitamin A deficiency is not a public health problem. Only 8 per cent of mothers practise exclusive breastfeeding during the first three months. Poor hygiene practices and

inadequate access to water supply and sanitation in peri-urban and rural areas led to a cholera epidemic in 1995, with 252 lives lost. Measles immunization coverage dropped from 85 per cent in 1991 to 70 per cent in 1995, with an epidemic in 1997. In both epidemics, Santiago Island accounted for the majority of victims. Among children and adults, HIV/AIDS is an increasing risk: the number of registered HIV seropositive cases was 429 in 1996, but the real number affected is estimated by the Government to be about 3,000. There are no gender disparities in enrolment in basic education, but the quality of education needs improvement. Only one half of the primary school teachers have had formal training, and a 1997 survey of 2,000 primary school children showed that learning achievement was inadequate. Teenage births are a problem: 45 per cent of all first-time mothers are under 20 years of age. The adult illiteracy rate is 28 per cent, and two thirds of illiterates are women. In addition, 41 per cent of all households are headed by women. Unemployment, mainly affecting women, is estimated by the Government at 26 per cent (1997).

5. National legislation has been harmonized with the Convention on the Rights of the Child, and the most recent national development plan incorporates the major goals of the National Plan of Action (NPA) for children and the Convention. The plan gives high priority to the social sector and includes a cross-cutting programme on poverty alleviation, which aims to create equity and better access to health, education, professional training and economic opportunities for women.

Programme cooperation, 1995–1999

6. The objectives of the 1995–1999 programme of cooperation were: to contribute towards the improvement of the situation of children through better social services, the development of national capabilities, valuing of resources and community participation in consolidating the democratic process; and to contribute towards an increase in women's social participation by supporting and broadening their productive roles and addressing the cultural elements that discriminate against them and relegate them to subordinate functions.

7. The programme of cooperation structure, objectives, strategies and financing were modified in 1998 after the mid-term review (MTR). The programme now consists of the following sectoral programmes: health and nutrition; water supply and sanitation; education; and social mobilization. The projects integrated into these programmes are: primary health care (PHC) and nutrition; water supply and sanitation (in Santiago); the development of children between the ages of four and six years; basic education; and the promotion and defence of children's rights. A combination of factors led to the need for changes in the programme: poor definition of the goals and objectives of the sectoral programmes and projects; limited success of some projects or slow progress achieved by others; overlapping of some sectoral activities within the programme of cooperation or with other agencies within the United Nations system; and the lack of human and financial resources.

8. The main accomplishments of the Government within the framework of the country programme were attainment of most NPA (education, health and water supply) and World Summit for Children goals. Measles immunization coverage had risen from 71 per cent in 1994 to 82 per cent by 1997. The Baby-Friendly Hospital Initiative was implemented in three of the country's four hospitals. In education, the net enrolment rate for basic education reached 100 per cent in 1997/98, and no discrimination between boys and girls is evident, either in access or retention rates. Support was provided for the training of more than 600 primary school teachers on gender issues and teaching methods. The goals for water supply and sanitation have already been partially met in urban areas, and about 20,000 people have gained access to safe drinking water in the rural and peri-urban areas. In addition, school hygiene activities have been launched in 10 schools through the rehabilitation of water supply and sanitation facilities and training of teachers.

9. The following advances in child protection should be noted: development and enactment of the National Declaration of Social Policy for Children and Adolescents and its incorporation into the National Development Plan for 1997–2000; revision and updating of the Code of the Family and the Code of Minors in light of the Convention on the Rights of the Child; development and approval of the initial report on the status of implementation of the Convention on the Rights of the Child; the urgent introduction in the criminal code of higher penalties for sexual abuse crimes; establishment of the Municipal Commission for Prevention of Drug Abuse in São Vicente and of the National Commission for Drug Control; mobilization of the Government and civil society on the issue of the violation of protection rights, especially sexual abuse and the mistreatment of children, adolescents and women.

Lessons learned

10. The current programme of cooperation has promoted the rights of children and women. The rights promotion approach has been an effective advocacy tool and has given

UNICEF a comparative advantage in raising awareness of emerging issues, such as violence and mistreatment in schools, sexual exploitation and drug abuse. The openness of the Government and the participation of civil society have been factors in this success.

11. Integrated initiatives in health, nutrition, water supply and sanitation, and basic education in selected communities, using primary schools as entry points and local non-governmental organizations (NGOs) as catalysts for participatory processes, have shown the effectiveness of a holistic approach. On the other hand, cost analyses of interventions have shown the need to concentrate on and advocate for the adoption of affordable technology and a more cost-effective planning process to ensure sustainability and equity in the delivery of social services. High unit costs have compromised the replicability of small and successful interventions in water supply and sanitation.

12. Cholera and measles epidemics were evidence of weaknesses in the quality of the health service delivery system. Programme implementation at the field level has been hampered by post vacancies and frequent changes in government personnel, insufficient coordination between development partners, and the lack of clear government policies in the areas of early childhood development (ECD) and rural sanitation. In the area of planning, a series of studies and evaluations has broadened the existing knowledge base on children and women, and has pointed to the need to continue to shift more resources from supply assistance towards strategies promoting quality through capacity-building.

13. Despite improvements in child survival, with a significant reduction of infant mortality since independence, the latest data show a stagnant trend, with diarrhoeal diseases and ARI still the main causes of morbidity and mortality. In addition, recent nutrition indicators (malnutrition levels, high prevalence of anaemia, iodine deficiency and low incidence of exclusive breastfeeding) support the need for strategic interventions in the social sector, promoting changes in behaviour and practices at family and community levels, including gender issues, based on a better understanding of beliefs and cultural traditions.

Recommended programme cooperation, 2000–2004

Estimated annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*2003*	*2004*	*Total*
General resources						
Basic social services	430	430	430	430	430	2 150
Social policy development	95	94	94	93	93	469
Cross-sectoral costs	98	99	99	100	100	496
Subtotal	**623**	**623**	**623**	**623**	**623**	**3 115**
Supplementary funding						
Basic social services	420	540	300	420	420	2 100
Social policy development	30	30	30	30	30	150
Subtotal	**450**	**570**	**330**	**450**	**450**	**2 250**
Total	**1 073**	**1 193**	**953**	**1 073**	**1 073**	**5 365**

Programme preparation process

14. The country programme has been prepared in cooperation with government partners (ministries and institutions), municipalities, NGOs and agencies of the United Nations system represented in the country. This programme is being prepared within the framework of the recommendations made during the MTR held in 1997. This process was strengthened with the subsequent preparation of the situation analysis and the strategy paper, as reflected in the country note. For the first time, the preparation of the situation analysis included the participation of primary school children, who were able to identify some problems affecting their different target groups, such as school violence, drug consumption and teenage pregnancy. The whole process was coordinated by the Directorate-General for International Cooperation, Ministry of Foreign Affairs.

Programme objectives and strategy

15. The proposed country programme is being prepared within the framework of Cape Verde's national development priorities, which includes national goals for children and women. The country programme aims to assist the Government in sustaining and building upon social gains; ensuring equity (including gender equity); enhancing the quality of basic services for survival, development and protection; and promoting children's participation. The country programme will cover programmes for basic social services and social policy development.

16. The basic social services programme will operate at the national level in such key areas as the expanded programme on immunization (EPI), nutrition and hygiene, prevention of school violence and - with a special focus on Santiago Island in the areas of the control of diarrhoeal diseases and ARI - water supply, environmental sanitation and basic education. Santiago Island, which is home to more than one half of the country's population, has basic social services, especially in rural and peri-urban areas, that lag behind the rest of the country; has a high concentration of rural and urban poverty (slums); and receives less bilateral aid than other islands. Effective expansion beyond Santiago Island will be contingent upon the availability of resources. The social policy development programme will intervene primarily at the national level in the areas of social policy, and child and adolescent protection and participation rights. Within the national programme, special attention will be paid to children in need of special protection in the cities of Praia and Mindelo.

17. The programme will contribute to reaching the following specific goals by 2004: (a) a reduction in the percentage of under-weight children under five years old from 14 per cent to less than 10 per cent; (b) an increase in vaccination coverage to at least 90 per cent for all child antigens, including hepatitis B, and tetanus toxoid for pregnant women; (c) an increase in exclusive breastfeeding

of four-month-olds from 8 to 40 per cent; (d) a reduction of anaemia from 70 to below 35 per cent and achievement of universal salt iodization; (e) an increase in access to safe drinking water for 10,000 inhabitants of Santiago Island; (f) improvement of the quality of the teaching and learning process countrywide; and (g) elimination of all forms of violence and mistreatment in primary schools.

18. Based on experience, the main strategies will be: (a) reinforcement of national capacities, including at municipality and community levels, in the different areas of social development; (b) promotion of information, education and communication activities to improve policies and public awareness on the rights of children and women; (c) nationwide networking with NGOs, municipalities, the private sector, women's groups and youth associations to promote community participation in the ongoing democratic process; (d) close cooperation with other United Nations agencies and development partners (bilateral cooperation) to avoid duplication of interventions and to optimize the use of human and financial resources; (e) development of actions that place a priority on quality, sustainability, replicability, cost-sharing, cost reduction and sound management; (f) concentration of interventions in the neediest geographic areas, targeting the most vulnerable groups, with a priority on actions in municipalities and communities; and (g) flexibility to allow changes, as needed, to optimize resources and seize opportunities to maximize impact.

Basic social services

19. This programme comprises three projects: (a) PHC and nutrition; (b) basic education; and (c) water supply, environmental sanitation and hygiene. The projects will contribute to improving the quality of basic social services and the development of community participation in the management of these services, particularly related to education and water supply and sanitation. Furthermore, they will aim at improving individual, family and community behaviour and practices that promote the survival and development of children and adolescents. A national communication plan will be prepared to disseminate the best practices and lessons learned from focused interventions to other parts of the country.

20. The PHC and nutrition project will concentrate at the national level on raising immunization coverage to 90 per cent and maintaining its sustainability through the Vaccine Independence Initiative. Hepatitis B vaccination will be incorporated into EPI. Nutrition activities will focus on increasing exclusive breastfeeding, expanding consumption of iodized salt and promoting preventive measures to reduce anaemia among preschoolers. At the local level, in Santiago, efforts will be made to improve the management and treatment of 50 per cent of cases of diarrhoea and ARI in children under five years old, at the health facility level through the training of local health professionals. The project also seeks to improve the competencies in management, monitoring and evaluation of health teams and NGOs at the local level and to promote, in collaboration with the projects included in the programme, the development of education initiatives favourable to the improvement of health and nutrition status of children.

21. The basic education project will focus on improving the learning environment and the quality of teaching and learning processes through the training of more than 500 educational professionals in pedagogical and didactic aspects of basic education and preschool curricula. In addition, efforts will be made to change the attitudes and behaviour of educational professionals in favour of gender equality and to increase the participation of schoolchildren and families in school management. To ensure an effective integration with other projects, close collaboration will be maintained as regards the training of counterparts in planning, management, monitoring and evaluation.

22. The water supply, environmental sanitation and hygiene project will concentrate in Santiago Island on increasing access to safe drinking water for about 10,000 inhabitants in the most underserved rural and peri-urban areas. Primary schools will introduce hygiene education to promote behavioural change among schoolchildren and mothers in the communities and ensure sustainable access to water supply and sanitation facilities in 25 schools. More than 700 education and health professionals and NGO members will be trained in hygiene promotion.

Social policy development

23. This programme will operate at the national level, with a special emphasis in the urban centres of Praia and Mindelo. Advocacy and social mobilization for the rights of children and women will be a main focus. The programme will also strengthen and improve sectoral policies and monitoring and evaluation of the country programme. A special focus will be on advocacy efforts to raise awareness of ECD, violence, sexual exploitation, drug abuse and teenage pregnancy.

24. The programme will promote increased knowledge on issues related to children's and women's rights. It will also promote greater intersectoral and multisectoral collaboration and coordination among government institutions and NGOs

in strengthening, monitoring and evaluating social policies in favour of children and adolescents. The production and management of disaggregated data on the situation of children and adolescents, based on existing systems, will be supported to assure effective planning, monitoring and evaluation of the country programme. Government institutions, NGOs and other organized groups will be strengthened through training to defend the protection and participation rights of children and adolescents in Praia and Mindelo. Other measures will promote the participation of 5,000 schoolchildren in school management. More than 500 education professionals will be trained to prevent drug abuse and teenage pregnancy.

Monitoring and evaluation

25. An integrated monitoring and evaluation plan has been developed and will be used to guarantee effective and efficient programme implementation and systematic monitoring of the situation of children and women. The plan includes a limited number of key indicators, which will be measured through routine systems and knowledge, attitudes and practices studies and surveys in target communities. Annual management plans and reviews will be used, together with quality assurance indicators, to strengthen country office management. An integrated communication plan will be prepared to target and rationalize interventions in favour of behavioural change.

Programme management

26. The Government will have overall responsibility for implementation, coordination and supervision of the country programme. With Government agreement, NGOs and other partners may also be involved. The UNICEF/Praia sub-office, supported by the Dakar area office, will provide financial and technical support to the programme. The Government and UNICEF will jointly prepare annual plans of action and monitor programme implementation. Joint meetings will be held periodically with technical ministries to monitor programme progress. The results and follow-up on actions taken at these meetings will be discussed during the MTR. Activities supported by the country programme will be implemented by the technical ministries concerned under the general coordination of the Ministry of Foreign Affairs.

Partnerships and fund-raising

27. The programme will continue to collaborate with the United Nations system and other multilateral and bilateral donors. UNICEF will strive to play an active role in the Common Country Assessment and United Nations Development Assistance Framework processes and will collaborate, in particular, with: the United Nations Population Fund (reproductive health); the Joint and Co-sponsored United Nations Programme on HIV/AIDS (sexually transmitted diseases, including AIDS); the United Nations Drug Control Programme (drug abuse); the World Health Organization (iron and iodine deficiencies); the Food and Agriculture Organization of the United Nations (school gardens); and the World Food Programme (school canteens). The programme will also collaborate with the European Union on AIDS, with the Governments of Austria and Germany on education, and with the Governments of France and the Netherlands on children's and women's rights. As the amount for general resources is limited, supplementary funds will be needed to implement additional country programme activities. In order to attract supplementary funds, the office will develop a resource mobilization plan.

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TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : CAPE VERDE
PROGRAME : 2000-2004

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
BASIC SOCIAL SERVICES	2,150,000			2,150,000	0	0	0	0	0	0	0	2	0	2	0	391,770	391,770
SOCIAL POLICY DEVELOPMENT	469,000			469,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	496,000			496,000	0	0	0	0	0	0	0	0	5	5	0	476,598	476,598
TOTAL GR	3,115,000			3,115,000	0	0	0	0	0	0	0	2	5	7	0	868,368	868,368
SUPPLEMENTARY FUNDING :																	
BASIC SOCIAL SERVICES		0	2,100,000	2,100,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL POLICY DEVELOPMENT		0	150,000	150,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	2,250,000	2,250,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	3,115,000	0	2,250,000	5,365,000	0	0	0	0	0	0	0	2	5	7	0	868,368	868,368
SUPPORT BUDGET		Operating costs		626,367													
		Staffing			0	0	0	1	1	0	2	1	3	6	1,519,793	620,418	2,140,211
GRAND TOTAL (GR + SF + SB)					0	0	0	1	1	0	2	3	8	13	1,519,793	1,488,786	3,008,579
	Number of posts and staff costs:																
	Current programme cycle										4	3	8	15			
	At the end of proposed programme cycle (indicative only)										2	3	8	13	1,519,793	1,488,786	3,008,579

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.